

**City of San Jose**  
**DENTAL PLAN OPTIONS**

<b>SERVICE</b>	<b>DELTA (Indemnity Plan)</b>	<b>DBP (Prepaid Plan)</b>
QUESTIONS ABOUT SERVICES OR CLAIMS	Delta Dental (Group #2584) 1-800-423-8154 <a href="http://www.deltadentalca.org">www.deltadentalca.org</a>	Dental Benefit Providers (Group #1194) 1-800-445-9090 <a href="http://www.dbp.com">www.dbp.com</a>
PLAN TYPE	Indemnity (Insurance-type) program. You may go to any dentist (including non-Delta affiliated dentists), and change dentists as often as you wish. However, note that by using a Delta DPO dentist, you can reduce your out-of-pocket costs.  A listing of DPO dentists is available in Human Resources. You can also ask your dentist if he or she is a Delta DPO dentist. Or, you may contact Delta Dental directly through their website or 800 number.	Managed care type of program. You must select a Primary Care Dentist from the list of DBP providers at the time of enrollment. A family may have a split provider selection which means some family members may be seen by one provider while the rest of the family may be seen by another. A family may select a maximum of two separate provider offices per policy. You may change from one Primary Care Dentist to another on a monthly basis by contacting DBP.
MAXIMUM BENEFIT AMOUNT PER YEAR	\$1,500 per covered person per calendar year. No deductible.	\$1,500 per covered person per calendar year.
BASIC BENEFITS AND ROUTINE SERVICES	Generally pays 85% of covered benefit including with DPO dentist.	NO CHARGE and NO DEDUCTIBLE for routine services. No co-payment is required. See dental plan co-payment booklet for details.
GENERAL CLEANING/EXAM	Allows two cleanings per calendar year. Pays 85%, or 100% if Delta DPO dentist.	Allows two cleanings per 12-month period. No co-payment is required.
CROWNS & BRIDGES	Pays 85% of UCR charges for crowns; 60% of UCR charges for bridges and dentures.	No co-payment required with the exception of crowns that include precious and semi-precious metals. Precious and semi-precious metals, if used, will be charged to the enrollee at the additional cost of the metal. This applies to crowns, bridges, and cast post and cores. Porcelain and porcelain-to-metal crown on molar teeth are subject to an additional charge of \$75.
ORTHODONTICS	Must be medically necessary. Pays 60% up to a lifetime maximum amount of \$2,000 per covered person. Requires pre-approval by Delta Dental.	If comprehensive orthodontic treatment meets the criteria of "medically necessary", the patient will be responsible for a co-payment of \$750. If a case does not meet the criteria, but treatment is recommended by the orthodontist, the patient will be responsible for a \$1350 co-payment. Coverage is limited to once per eligible member per lifetime.
EMERGENCY SERVICE	May go to any dentist. Services covered according to standard benefits schedule.	If, as a result of an emergency, you are unable to use a Primary Care Provider, Dental Benefit Providers will reimburse you or arrange to pay the Non-Participating Provider(s) directly up to a \$50.00 limit per occurrence.
ELIGIBLE FAMILY MEMBERS	<b>For Both Plans:</b> Legal spouse or domestic partner. Unmarried children under age 19, or to age 24 if FULL-TIME student and qualified as dependent under IRS Codes; or unmarried children incapable of self-support due to mental retardation or physical handicap. Proof of student status must be provided to the City's Human Resources Department each year during September and October beginning with 19th birthday. Proof of incapacity for self-support is required at age 19.	
CONTINUATION OF BENEFITS (COBRA)	<b>For Both Plans:</b> May continue under COBRA if certain requirements are met. You may opt to continue dental coverage under the City's plans by paying the entire premium each month, plus an administration fee. You must apply within 60 days of your loss of coverage.	

*This is a summary for comparison purposes only. Please consult your individual Plan document or the Plan insurer for more specific information.*